INFLUENZA VACCINE RECORD

Information About Person to Receive Vaccine (Please Print)

Last Name _____ First Name _____ Middle Name _____

Mailing Address _____ Apt/Suite _____

City _____ State _____ Zip _____ County _____

Date of Birth _____ Phone Number _____ Social Security Number _____

GENDER

☐ Male ☐ Female

SPOKEN LANGUAGE

☐ Cambodian ☐ Korean
☐ Chinese ☐ Laotian
☐ **English** ☐ Portuguese
☐ French ☐ Refused
☐ German ☐ Russian
☐ Haitian Creole ☐ **Spanish**
☐ Hmong ☐ Unknown
☐ Italian ☐ Vietnamese
☐ **Other (Specify):** _____

RACE (Check all that apply)

☐ Aleut ☐ Japanese
☐ Arabian ☐ Korean
☐ Asian Indian ☐ Laotian
☐ **Black** ☐ Other Asian Pacific Islndr.
☐ Cambodian ☐ Refused
☐ Chinese ☐ Samoan
☐ Eskimo ☐ Thailander
☐ Filipino ☐ Unknown
☐ Guamian ☐ Vietnamese
☐ Hawaiian ☐ **White**
☐ Indian
☐ **Other (Specify):** _____

HISPANIC ORIGIN

☐ Cuban ☐ Mexican
☐ **Non-Hispanic** ☐ Puerto Rican
☐ Refused ☐ South or Central Amer.
☐ Unknown
☐ Unknown Hispanic
☐ **Other (Specify):** _____

HEALTH PLAN

☐ CHIP ☐ No Insurance
☐ Medicaid ☐ Private Ins.
☐ Medicare ☐ Unknown
☐ **Other (Specify):** _____

DO YOU HAVE DIABETES?

☐ YES ☐ NO

COAL MINER

☐ Active Miner ☐ Retired Miner ☐ Miner's Spouse

Did you ever have a reaction to a previous dose of flu vaccine?	☐ Yes ☐ No
Do you have a serious allergic reaction to eggs?	☐ Yes ☐ No
Do you have a history of Gullian-Barre Syndrome (a severe paralytic illness)?	☐ Yes ☐ No

I have read or have had explained to me the information in "Vaccine Information Statement: Inactivated Influenza Vaccine: WHAT YOU NEED TO KNOW 8/10/2010)." I have had a chance to ask questions. Any questions were addressed to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and ask that the vaccine be given to me or the person named above for whom I am authorized to make this request.

X _____ _____

Signature Date

For Clinic Use Only

Vaccination Date: _____ Dosage Volume: 0.5 cc

Injection Site: _____ Route: IM

Manufacturer: _____ Lot Number: _____

_____
Signature of Vaccine Administrator

_____
Signature Date